

## Application Data Sheet

### Application Information

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	WIRELESS SUBJECT MONITORING SYSTEM
<b>Attorney Docket Number::</b>	066243-0174 (132265IT)
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	14
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Corey J.
<b>Family Name::</b>	Lawson
<b>City of Residence::</b>	Sussex

**State or Province of Residence ::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** W241 N7327 S. Woodsvew Drive  
**City of mailing address::** Sussex  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53089

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David W.  
**Family Name::** Duckert  
**City of Residence::** Menomonee Falls  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** W148 N8094 University Drive  
**City of mailing address::** Menomonee Falls  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53051

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David G.  
**Family Name::** Hernke  
**City of Residence::** Sussex

**State or Province of** Wisconsin  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** N74 W24333 Viola Court  
**City of mailing address::** Sussex  
**State or Province of mailing address::** Wisconsin  
**Postal or Zip Code of mailing address::** 53089

### Correspondence Information

**Correspondence Customer Number::** 33679  
**E-Mail address::** PTOMailMilwaukee@Foleylaw.com

### Representative Information

<b>Representative Customer Number::</b>	33679	
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### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee nam ::**

GE Medical Systems Information  
Technologies, Inc.